

no. 4

**A BASIC PLAN FOR**  
**STUDENT HEALTH**  
**AND**  
**HEALTH EDUCATION**  
**IN**  
**TEACHER-TRAINING**  
**INSTITUTIONS**

*Issued Jointly by*

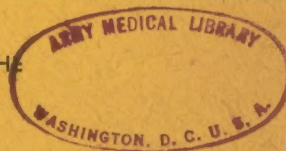
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**STATE OF ILLINOIS**  
**DWIGHT H. GREEN, Governor**



The companion volume to this report, prepared by the Illinois Joint Committee on School Health, is entitled A BASIC PLAN FOR HEALTH EDUCATION AND THE SCHOOL HEALTH PROGRAM.



STATE OF ILLINOIS  
DWIGHT H. GREEN, Governor



a basic plan for

**STUDENT HEALTH  
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**ILLINOIS JOINT COMMITTEE  
ON SCHOOL HEALTH**

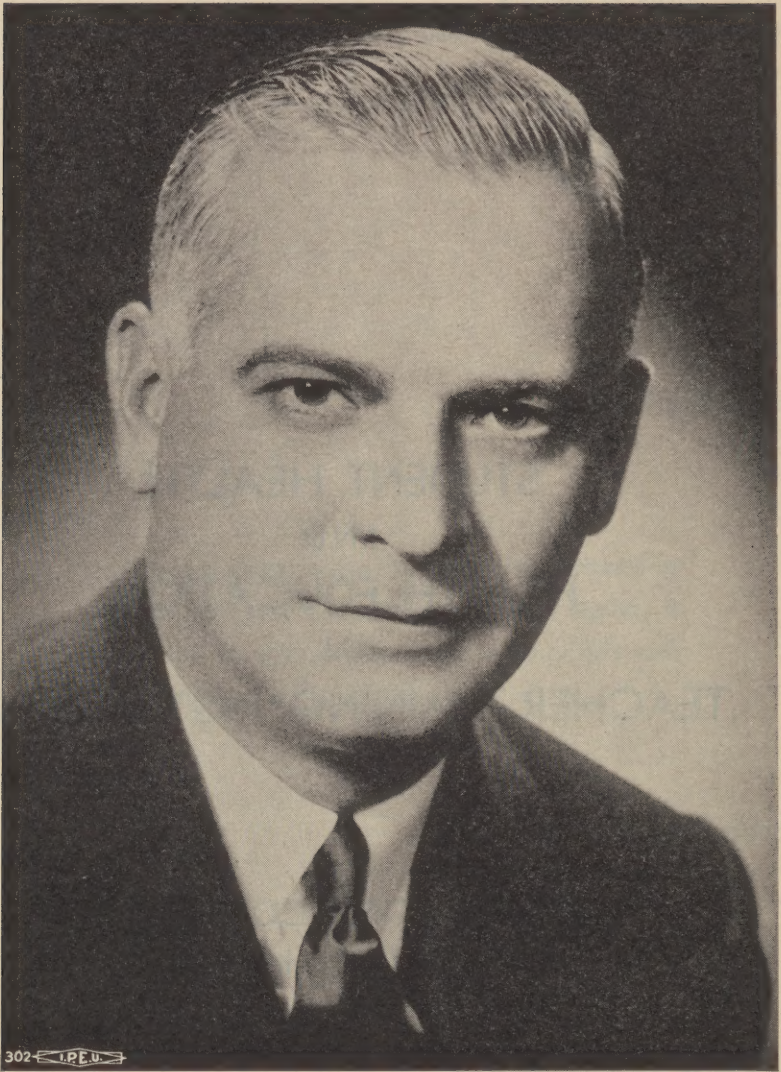
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In war or in peace, the foundation upon which rest the strength and welfare of the State and Nation is the health and physical stamina of the people. . . .

DWIGHT H. GREEN, *Governor.*



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## Foreword . . .

This report comes to you from three agencies of your State Government, and represents the work of the committees listed herein. Its purpose is to lay a foundation upon which a program of student health and health education in teacher training institutions may be built. The report deals with student health services, a hygienic regimen for students, the instructional program and the in-service training of teachers in health and health education.

This report should provide a helpful framework within which each teacher training institution may build its own specific program adapted to its own needs and situation. The proposals herein are intended to be helpful and suggestive rather than rigid and dogmatic. A basic plan such as this should be revised from time to time as the science of school health progresses. Suggestions for such revision from those using the report will be welcomed by the three agencies concerned.

This document will be of value only to the extent to which it is implemented in the individual institutions of higher learning. Suggestions for organizing the faculty and students in the promotion of the program are indicated on another page. Members of the staffs of the three agencies concerned will be glad to be of any possible assistance as will also the continuing Illinois Joint Committee on School Health and its Liaison Committee.

We would like to express our appreciation to the consultant, Professor Clair E. Turner; to the committees; and to the many other individuals who gave valuable assistance in the preparation of this report.

ROLAND R. CROSS, M.D., *Director*  
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## ***Definitions of Selected Recurrent Terms Relative to Health Education\****

*Health education* is the sum of experiences which favorably influence habits, attitudes, and knowledge relating to individual, community, and racial health.

*School health education* is that part of health education that takes place in school or through efforts organized and conducted by school personnel.

*Hygiene* is the applied science of healthful living; it provides the basic scientific knowledge upon which desirable health practices are founded.

*Sanitation* is the application of scientific measures for improving or controlling the healthfulness of the environment.

*Health* in the human organism is that condition which permits optimal functioning of the individual enabling him to live most and to serve best in personal and social relationships.

*Health instruction* is that organization of learning experiences directed toward the development of favorable health knowledge, attitudes, and practices.

*Health service* comprises all those procedures designed to determine the health status of the child, to enlist his cooperation in health protection and maintenance, to inform parents of the defects that may be present, to prevent disease, and to correct remediable defects.

*Healthful school living* is a term that designates the provision of a wholesome environment, the organization of a healthful school day, and the establishment of such teacher-pupil relationships as make a safe and sanitary school, favorable to the best development and living of pupils and teachers.

*Health examination* is that phase of health service which seeks through examination by physicians, dentists, and other qualified specialists to determine the physical, mental, and emotional health of an individual.

*Physical education* is that phase of the school program which is concerned largely with the growth and development of children through the medium of total body activities. Briefly stated, the objectives of the physical education program are the protection and improvement of health; the development of neuromuscular skill and motor fitness; the development of desirable social attitudes and standards of conduct; and attitudes in physical education activities which will contribute to wholesome and enjoyable leisure pursuits.

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\* The first definition listed is by Dr. Thomas D. Wood, in the Fourth Yearbook of the Department of Superintendence of the National Education Assn., 1926, page 226. The last definition is adapted from a statement presented by the State Society of Directors of Physical and Health Education. The other definitions are from the Committee Report, Health Education Section, American Physical Education Association, Journal of Health and Physical Education, December 1934.

## Suggested Organization for Program Planning

It is believed that each teacher training institution needs to organize for the effective planning and operation of its student health and health education program. Two suggestions are made in this connection:

I. There should be a faculty health council, to include the dean of the faculty, the dean of men and the dean of women, the superintendent of buildings, the college physician and college nurse, teachers of biology, physical education, home economics, chemistry, psychology, and any other persons in a position to contribute to the establishment of an overall health program for the college or university. Such a health council might formulate general policies and clarify the general philosophy of the college regarding health instruction, but more specifically it should determine what instruction applicable to health is being given in each department, and be the means of finding gaps and of preventing duplication. Studies made by the faculty health council should result in better understanding and co-operation between various departments and better coordination of the whole health program, and might well lead to specific recommendations made to the president, the faculty, or its curriculum committee. The health council may also render assistance to local school systems in the development of their own health education and school health programs.

II. It is recommended that the college authorities set up a student health council or a discussion group for the purpose of reviewing student problems and making recommendations to the college authorities for consideration and action. From four to six students selected by the student body should compose this group for the discussion of campus health problems and related subjects. The committee should meet with the Medical Director or his representative at least once a term for the discussion of current situations related to school health. The student health committee should act as an intermediary between the students and the administrators.



## The Student Health Service

*Health Examinations for Students—The Clinical Staff and Facilities for Examining Students—Suggested Health Examination Record Forms—Services Rendered by the Student Health Service—Hospitalization of Ill Students—Correction of Remediable Defects—Sanitary Supervision—Counseling and Guidance.*

### I. Health Examinations for Students

As a result of a study of a questionnaire sent to the five State teachers colleges, it is obvious that the methods and programs of the Student Health Services vary decidedly and that these programs are at present much in need of revision for the provision of adequate service.

To this end, a regular annual health examination or re-check should be made of every student. A complete health examination includes a dental examination made by a dentist. Obviously, only physicians licensed to practice medicine in all of its branches should be permitted to give health examinations, interpret the results and make recommendations. Registered nurses, internes, trained student assistants and other trained personnel, under the direction of the physician in charge, may assist in these examinations.

The time when the report of the initial examination is available will probably vary according to the size of the entering class of students and according to the number of physicians, nurses, and assistants employed by the college. In view of the importance of knowing at an early date what deviations from the health norm a given student may show, these examinations should be done either before admission to college or as part of the registration procedure at the time of admission. It would, of course, be necessary to exclude those who have acute or chronic diseases which would make them dangerous to the student body. The health requirements of the Illinois State Teachers' Examining Board should be borne in mind (see Section VI).

Information regarding students' personal adjustment previous to entering college should be available to the proper college authorities at the time of entrance, and should include, if possible, the family situation as well as adjustments to contemporaries. Continued mental health supervision is important.

### II. The Clinical Staff and Provisions for Examining Students

One physician should be provided for every five hundred students, with both sexes represented on the clinical staff. Two nurses should be employed for every five hundred students, one nurse to serve in the training school only. Adequate dental services likewise should be established. There should be one nutritionist for consultation in the cafeteria and with students doing light housekeeping. There should also be adequate laboratory, receptional and secretarial services. In addition, consultation should be available in such special fields as speech correction and psychological and guidance services.

Adequate quarters for the student health service should be provided. There should be a separate, easily accessible health building which includes:



a reception room, an individual examining room for each doctor, treatment room, record rooms, a private office for each physician for consultations and interviews, a dental examination room equipped for emergency treatments, dressing rooms for students, adequate lavatory facilities, a well equipped laboratory and suitable nurses' offices. Provision should also be made for the care and isolation of individuals suspected of having communicable diseases. If there is no infirmary, these isolation rooms should be located separately from the service rooms.

### III. Suggested Health Examination Record Forms

The following medical history and health examination forms are recommended:

#### *Medical History\**

*(All information furnished here will be held confidential.)*

Date \_\_\_\_\_

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Date of birth \_\_\_\_\_
4. Present occupation \_\_\_\_\_
5. County of birth \_\_\_\_\_ State \_\_\_\_\_
6. White \_\_\_\_\_ Colored \_\_\_\_\_
7. Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_
8. Number and ages of children, if any: \_\_\_\_\_
9. (a) How much do you drink daily of:
 

Milk _____	Tea _____	Coffee _____
Soft drinks _____ Water _____		
- (b) Do you use tobacco? \_\_\_\_\_ If so, how much and in what form? \_\_\_\_\_
- (c) Do you use alcohol? \_\_\_\_\_ If so, to what extent? \_\_\_\_\_
10. Do you have a movement of the bowels daily? \_\_\_\_\_  
Do you use a laxative? \_\_\_\_\_ If so, how often? \_\_\_\_\_
11. Have you been ill with any of the following diseases? If so, at what age?
 

Measles _____	Typhoid Fever _____	Tonsillitis _____
Whooping Cough _____	Malaria _____	Frequent Colds _____
Scarlet Fever _____	Syphilis _____	Bronchitis _____
Diphtheria _____	Gonorrhea _____	Pneumonia _____
Tuberculosis _____	Rheumatism _____	Pleurisy _____
Poliomyelitis _____	Allergy _____	Epilepsy _____
Migraine Headaches _____	Others _____	
12. Have you been protected against any of the following diseases? If so, state date of last time protected:
 

Smallpox _____	Typhoid Fever _____	Diphtheria _____
Whooping Cough _____	Scarlet Fever _____	Tetanus _____
13. Have you had any serious accidents? If so, describe: \_\_\_\_\_  
\_\_\_\_\_
14. Have you had any broken bones? \_\_\_\_\_ If so, describe: \_\_\_\_\_
15. Have you had any surgical operations? \_\_\_\_\_ If so, for what, and on what date? \_\_\_\_\_
16. How often do you consult your dentist? \_\_\_\_\_  
When last? \_\_\_\_\_
17. (a) When did you last consult a doctor? \_\_\_\_\_  
For what purpose? \_\_\_\_\_
- (b) Are you taking any medicine regularly? \_\_\_\_\_  
If so, indicate its nature: \_\_\_\_\_

\* Adequate case records reflecting mental health status should be kept with the medical records.

# HEALTH EDUCATION IN TEACHER-TRAINING INSTITUTIONS

18. Are the following members of your family living? If not, give causes of death and age at death:

	Living or Dead	If Dead, Age at Death	If Dead, Cause of Death
Father			
Mother			
Brothers			
Sisters			
Children			
Husband			
Wife			

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19. Indicate which members of your family have had or now have any of the following:  
 Tuberculosis \_\_\_\_\_ Epilepsy \_\_\_\_\_ Kidney Disease \_\_\_\_\_  
 Diabetes \_\_\_\_\_ Cancer \_\_\_\_\_ Heart Disease \_\_\_\_\_  
 Mental Illness \_\_\_\_\_ Other \_\_\_\_\_
20. Do you have any health complaints at the present time? \_\_\_\_\_  
 Is there any respect in which your health is not good? \_\_\_\_\_
21. FOR WOMEN: Are your monthly periods regular? \_\_\_\_\_; prolonged? \_\_\_\_\_;  
 excessive? \_\_\_\_\_; unusually painful? \_\_\_\_\_. Do you miss classes  
 regularly? \_\_\_\_\_

### *Health Examination*

1. Name \_\_\_\_\_ Date \_\_\_\_\_
2. Weight stripped:  
 Present \_\_\_\_\_ Usual \_\_\_\_\_ Recent gain or loss \_\_\_\_\_  
 Height (without shoes): \_\_\_\_\_ inches.
3. Pulse:  
 (a) Sitting \_\_\_\_\_ (c) After exercise \_\_\_\_\_  
 (b) Standing \_\_\_\_\_ (d) Two minutes after exercise \_\_\_\_\_  
 (Schneider test)
4. Chest measurement: Inspiration \_\_\_\_\_ Expiration \_\_\_\_\_
5. Blood pressure: (Left arm, student seated)  
 (a) Before exercise: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_  
 (b) After exercise: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_
6. Posture:  
 Abnormalities (head) \_\_\_\_\_ (shoulders) \_\_\_\_\_ (spine) \_\_\_\_\_
7. Musculature:  
 Abnormalities \_\_\_\_\_
8. Skin:  
 Abnormalities \_\_\_\_\_
9. Superficial glands:  
 Enlarged? \_\_\_\_\_ Location \_\_\_\_\_
10. Female Breast:  
 Abnormalities \_\_\_\_\_
11. Hands:  
 Abnormalities \_\_\_\_\_
12. Arms:  
 Abnormalities \_\_\_\_\_
13. Male genitalia:  
 Abnormalities \_\_\_\_\_
14. Hips, legs, knees:  
 Abnormalities \_\_\_\_\_
15. Ankles, feet:  
 Athlete's foot \_\_\_\_\_ Condition of arches (flatness, rotation) \_\_\_\_\_
16. Hernia \_\_\_\_\_ Type, if present \_\_\_\_\_
17. Hair:  
 Condition \_\_\_\_\_ Texture \_\_\_\_\_ Abundance \_\_\_\_\_
18. Eyes:  
 Lid margins \_\_\_\_\_ Other abnormalities \_\_\_\_\_  
 Vision R \_\_\_\_\_ Test used \_\_\_\_\_  
           L \_\_\_\_\_  
 Corrected R \_\_\_\_\_ Pupillary reflex \_\_\_\_\_  
           L \_\_\_\_\_ Lid reflex \_\_\_\_\_  
 Color vision \_\_\_\_\_ (Use Ishihara test).  
 Ophthalmoscopic \_\_\_\_\_ (if indicated).
19. Nose:  
 Functional abnormalities \_\_\_\_\_
20. Teeth:



## DESCRIBE MOUTH AND GUM ABNORMALITIES

## INSTRUCTIONS

Cross out teeth that are missing—as follows: X

Strike teeth that cannot be restored—mark as follows: /

Circle teeth that are carious but may be restored—mark as follows: O

Underline filled teeth.

Letter all teeth no caries experience—as follows: S

8	7	6	5	4	3	2	LABIAL		2	3	4	5	6	7	8
RIGHT UPPER							LEFT UPPER								
8	7	6	5	4	3	2	LABIAL		2	3	4	5	6	7	8

# A BASIC PLAN FOR STUDENT HEALTH AND

21. Gums:  
Ulcerations\_\_\_\_\_ Bleeding\_\_\_\_\_ Receding\_\_\_\_\_ Color\_\_\_\_\_
22. Tongue:  
Appearance\_\_\_\_\_ Deviation from midline\_\_\_\_\_ Tremor\_\_\_\_\_
23. Tonsils:  
Out?\_\_\_\_\_ Infected?\_\_\_\_\_ Acute\_\_\_\_\_  
Chronic\_\_\_\_\_ Type\_\_\_\_\_
24. Pharynx:  
Abnormalities\_\_\_\_\_
25. Speech:  
Abnormalities and type\_\_\_\_\_
26. Ears:  
Outer canal—presence of infection or wax\_\_\_\_\_
- Condition of drum\_\_\_\_\_
- Hearing R\_\_\_\_\_ (Watch test\_\_\_\_\_ Audiometer\_\_\_\_\_)
- L\_\_\_\_\_
27. Neck:  
Abnormalities\_\_\_\_\_
- Thyroid enlarged\_\_\_\_\_ Evidence of hyperthyroidism\_\_\_\_\_
28. Chest:  
Shape\_\_\_\_\_ Symmetry\_\_\_\_\_
- Heart\_\_\_\_\_ Rhythm\_\_\_\_\_ Regularity\_\_\_\_\_ Size\_\_\_\_\_
- Friction rub\_\_\_\_\_ Murmurs, if any\_\_\_\_\_ Functional or organic\_\_\_\_\_
- Lungs\_\_\_\_\_ Presence of rales\_\_\_\_\_
- Breath sounds\_\_\_\_\_ Respiratory rate\_\_\_\_\_
29. Abdomen:  
Palpable masses\_\_\_\_\_ Localized tenderness\_\_\_\_\_ Scars\_\_\_\_\_
30. Abdominal reflexes\_\_\_\_\_
31. Skin—sensitivity to stimuli\_\_\_\_\_
32. Liver\_\_\_\_\_ Tenderness\_\_\_\_\_ Palpable\_\_\_\_\_
33. Spleen\_\_\_\_\_ Palpable\_\_\_\_\_ Enlarged\_\_\_\_\_
34. Kidneys\_\_\_\_\_ Tenderness\_\_\_\_\_ Palpable\_\_\_\_\_
35. Female genitalia:  
Abnormalities\_\_\_\_\_
36. Rectum:  
Abnormalities\_\_\_\_\_
37. Reflexes:  
Romberg sign\_\_\_\_\_ Knee jerk\_\_\_\_\_
38. Urine:  
Appearance\_\_\_\_\_ Sp. gr.\_\_\_\_\_ Albumin\_\_\_\_\_ Acidity\_\_\_\_\_
- Sugar\_\_\_\_\_ Sediment\_\_\_\_\_ Acid or alkaline\_\_\_\_\_
- (Microscopic, if indicated)\_\_\_\_\_
39. Blood:  
Hemoglobin:\_\_\_\_\_ % (Sahli or Talquist).  
RBC if indicated\_\_\_\_\_
- WBC if indicated\_\_\_\_\_
- Serology: Positive\_\_\_\_\_ Negative\_\_\_\_\_ (Kahn or Wassermann)
40. Tests:  
Schick test: Positive\_\_\_\_\_ Negative\_\_\_\_\_ Date\_\_\_\_\_
- Tuberculin test: Positive\_\_\_\_\_ Negative\_\_\_\_\_ Date\_\_\_\_\_
- (Mantoux recommended—second strength tuberculin).
41. Results of chest x-ray: \_\_\_\_\_
- (X-rays should be performed on all students regardless of the tuberculin reaction. After six months, another x-ray should be taken on all positive reactors to the tuberculin test so that the second x-ray may be compared with the first.)
42. The following immunizations should be required before admission:  
Smallpox: Date\_\_\_\_\_ Result\_\_\_\_\_
- Diphtheria: Date\_\_\_\_\_ Result\_\_\_\_\_
- Typhoid fever: Date\_\_\_\_\_ Result\_\_\_\_\_

## 43. Findings and recommendations:

- (a) For limited activity in physical education classes \_\_\_\_\_
- (b) For reduced academic "load" \_\_\_\_\_
- (c) For limited extra-curricular activities \_\_\_\_\_
- (d) Recommendations of psychiatrist or counselor \_\_\_\_\_
- (e) Others \_\_\_\_\_

**IV. Services Rendered by the Student Health Service**

Clinical examinations, including a general examination of ill students and special tests where indicated, should be made. Students who cannot be adequately cared for or in whom diagnosis cannot be made by the school staff should be referred to outside physicians. Laboratory examinations, including retests as indicated, should be made. These should include initial routine urine and blood tests (including the Kahn), the Mantoux and the x-ray. All persons having a positive Mantoux reaction should be re-x-rayed after a period of six months.

Therapy, including injections, should be given as indicated, or on written order of the home physician, for example: endocrine, allergy, first-aid, physiotherapy. Medication should be provided for treatment of simple ailments such as colds and dysmenorrhea which do not require special diagnosis, as well as simple treatments such as eyewashes, gargles and compresses.

Public health supervision involving complete control of communicable diseases should be provided, including notification of deans, parents and householders regarding isolation of cases and contacts, and regarding quarantine measures and isolation precautions in impending epidemics. Sanitary supervision of the campus should also be exercised.

Notification of remediable defects should be made to both parents and students. An opportunity should be provided for conference with the student health physician relative to the correction of these defects. A re-check of all returning ill students should be made. Re-admission to college, and the indication of needed subsequent program adjustment should be the responsibility of the college physician.

Advice and consultation should be given. Dental examinations should be provided and the extent of dental as well as medical treatment should be determined by individual school facilities on the basis of funds available.

**V. Hospitalization of Ill Students***General*

If there is no hospital connected with the school, arrangements should be made for adequate hospitalization and clinical care in some available institution. If there is a hospital controlled by the school, all cases may be taken care of by the college physicians with consultations as needed or desired. Surgery cases should be referred, depending on the training of college staff members and the policies of the school and community.

*Hospitalization Fund*

It is recommended that a portion of the student activity fee be set aside each term for a hospitalization fund. This fund should cover the



expenses of from one to four weeks in the hospital but should not include laboratory work beyond routine entry urinalysis. Any special tests, medications or doctor fees should be paid for by the student himself. If there is a hospital controlled by the school, the fund may cover such items as diagnostic tests, x-rays (partial or complete payment) and special medications as indicated. Payment for house calls referred to outside physicians is to be made by the student or from the college student health fund as the school policies indicate. School physicians may make only the initial house call, or may follow up the case as the school and medical societies agree upon. Such calls, if made by the college physicians, may be limited to the hours during which school is actually in session, or may include night calls and week-end care also.

### *Isolation Measures*

Adequate facilities for isolation of cases of communicable disease should be provided by each school, either in the school hospital or in local hospitals if this is permitted. If the school attempts isolation, suitable quarters and especially trained personnel should be provided.

### *Transportation for Ill Students*

Adequate transportation services for ill students to hospital or rooming house, via ambulance, taxi, or State-provided vehicle, should be provided.

## **VI. Correction of Remedial Defects**

In recommending teachers, consideration should be given to their having had physical defects corrected and meeting set standards, since the teacher's health habits are a basis of her understanding of the health problems of her students. Prospective students are reminded to study carefully the Health Examination Record of the Illinois State Examining Board for Teachers' Certification, with reference to the fact that non-correction of these defects will prevent their certification under the Illinois State Teachers' Examining Board. Significant health data should be available to the examining board or to the employing superintendent upon request.

## **VII. Sanitary Supervision**

A teacher training institution is fortunate if it is located in a community with a full-time health department staff from which it may secure professional sanitary supervision. If such service is not available, the college should provide for adequate sanitary supervision through a competent individual who is a member of the college health department staff. The activities of this member of the college staff would necessarily be confined to the institution itself.

A comprehensive sanitation program includes: (1) the inspection of campus-controlled eating places; (2) frequent inspection of drinking fountains, toilets and restaurant food handling; (3) adequate instruction of food-handlers and supervision of food sanitation, including periodical

tuberculin and x-ray testing for food-handlers; (4) a monthly re-check for communicable disease, particularly respiratory infections and skin infections; (5) proper screening, adequate lighting and suitable ventilation of all eating places; (6) adequate sanitary control of food and milk supplies; (7) adequate refrigeration; (8) adequate disposal of garbage; (9) the provision of a safe, a satisfactory and an adequate water supply; (10) the provision of adequate sewage disposal facilities; (11) housing sanitation; and (12) rodent and insect control.

### **VIII. Counseling and Guidance**

Counseling and guidance should be the concern of every member of the faculty and may be done informally or through guidance agencies, and with the cooperation of the medical staff and householders as necessary. The guidance program should be under the direction of a qualified individual trained in the field of guidance and counseling.

Any deviation on the part of the student from his usual behavior pattern should be investigated; e.g., depressed moods, quarrelsomeness, withdrawals, tensions, periods of irritability, homesickness, aggressiveness, development of facial tics, suspiciousness, and seclusiveness are symptomatic. Academic failure should be investigated immediately, as should sudden or consistent rule-breaking, and persistent conflicts between student, community and college social and moral standards.

Emphasis should be placed on good health habits and upon good study habits, including supervised study for freshmen. Likewise, there should be an evaluation of the study load weighted against time, health, energy, and extra-curricular activities, in cooperation with the necessary consultants. There should be some organization providing for the sharing of information and for cooperation between the various people concerned in this program, such as faculty, householders, and others.

## A Hygienic Regimen

*Sanitary Housing for Students—The Maintenance of Adequate Nutrition—Physical Education—The Relationship of Assignments and Examinations to the Health of the Student—The Effect of Extra Work on the Health of the Student—The Provision of Adequate Social and Recreational Activities for Students.*

### I. Sanitary Housing for Students

#### *Housing Standards and the Householders' Association*

The responsibility of the teachers' college in setting up and maintaining sanitary housing for students falls upon both the college health service and the deans. The relationship of these parties to the problem should be somewhat as follows: the responsibility of defining sanitary housing should rest with the health service and that of implementing the standards with the deans. This is not an easy task since there is no standardization among private dwellings and few schools provide dormitory accommodations suitable for the entire student body.

The greatest problems are created by those students living in private homes scattered about the community. The dwellings they occupy provide a wide range in living comfort and sanitation. The householders represent a loosely organized body, for the most part willing, but often financially unable to meet the health needs of students.

It would be ideal if all students could be housed in halls or dormitories. Since this situation is yet to come, all students not living in college halls should be required to live in rooms that are approved by college authorities. To provide adequate off-campus housing facilities for students, college authorities should take the initiative in calling together and organizing householders for the purpose of adopting approved living standards.

Effecting a functional organization of householders rests primarily with the college deans. It should be their responsibility to call the householders together, to present to them the framework of a democratic organization and to assist them in the selection of qualified officers. The officers of the organization, together with the deans and such other college representatives as deemed advisable, should constitute an administrative council. This body should define the problems and determine the policies that are to come before the organization for discussion and adoption. They should provide the means of implementing procedures to meet these needs.

Minimum standards should be set up by the college, in cooperation with the householders, under which rooms may be rented to students. These should include standards regulating: minimum floor space allowable, types and size of closet space, bath and toilet facilities, beds and bed linen, housecleaning arrangements, heating, lighting and ventilating accommodations, the observation of public health measures relating to disease and sanitation, the reporting of illness within the household or among the students to the health service and deans, and the availability of first aid in case of accident or sudden illness.



### *Suggested Minimum Standards*

1. All students except those residing at home should live in houses approved by the college.

2. The minimum floor space for a double room should be 120 square feet.

3. There should be a minimum of twelve square feet of window space per student.

4. There should be a minimum closet space of twelve square feet per person. Curtained or open closets should be discouraged.

5. Rooms should be warmed to a temperature of 68-70° F. in spring and fall as well as in winter. Each room should be equipped with a thermometer.

6. Standard bath facilities should provide a full modern bath and toilet unit for each eight persons, including the family. (It is recommended that this standard be adjusted as rapidly as possible so that facilities are provided for each five persons.) Hot water should be provided for both men and women students in sufficient quantities to provide daily baths for roomers. There should be a towel rack for each person either in the bathroom or in the students' room.

7. Clean bed linen should be provided weekly by the householder.

8. Premises should be hygienically clean. Bathrooms should be cleaned daily by the householder. Students' rooms should be cleaned regularly, and should be cleaned thoroughly during vacation, and whenever there is a change of occupants.

9. Lights provided in each room should total at least 150 watts.\* A table or floor lamp should be provided for each student. These should have a 75 to 100-watt bulb as a minimum. All lights should be shaded, the shades or reading lamps to have a light colored lining. The shade should be wide enough to permit light to fall on work at the desk or chair.

10. Single beds should be provided in all rooms for two or more students. Minimum standards for twin beds should include: 39" bed, baked enamel finish, double deck coiled springs, five-layer cotton-felted mattress or equivalent.

11. Students' rooms should not open into the family living room.

12. Students' rooms should not be used as passage-ways to any part of the house.

13. Each room should be equipped with a waste-paper basket.

14. Provisions should be made for laundering and pressing privileges.

15. Halls and stairways should be free from obstructions such as trunks or unnecessary articles of furniture.

16. A hand fire extinguisher should be immediately available to the occupants of each room.

17. Halls should be lighted (minimum 25 watts) until the house is closed for the night.

18. A social room should be provided for students at specified times.

19. Regulations of the State Department of Public Health regarding communicable disease control and sanitation should be observed. There

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\* The American Institute of Architects recommends a minimum of 15' candles illumination for ordinary work. Fluorescent lights also make a difference in the wattage required.

should be complete cooperation with local health authorities in isolating students with communicable diseases.

20. Illness of students should be reported promptly to the college physician or the college nurse.

21. It is desirable that some member of the household should be familiar with, and capable of administering, simple first aid in case of accidents or sudden illness.

22. Possession of bed pan, wash basin, thermometer and hot water bottle or hot pad is indispensable for each household. These should be available to the students, if needed.

23. Adequate first aid supplies should be available to students.

### *Housing Inspections*

There is always a certain amount of resistance to full compliance with any set of standards. Therefore, frequent inspection of premises with subsequent check-list ratings is essential.

Thorough inspection requires a personnel intimately familiar with the details of adequate housing. The variety of situations encountered in making visitations is often confusing even to an expert. To offset this, deans should provide themselves with mimeographed or printed check-lists with which to rate the several items to be inspected. These check-lists should cover: the desirability of the location; the outward appearance and attractiveness of the premises; the neatness and arrangement of the living-room available to students; size and arrangement of student rooms; closet space; heating, lighting and ventilating facilities; bath and toilet facilities and fire hazards.

In case students are permitted to do light housekeeping, inspections should include the accommodations for cooking by students, the equipment available, provisions for garbage and waste paper disposal and the storage and refrigeration of food.

Students, also, should accept their share of the responsibility in the maintenance of sanitary conditions and in the observation of healthful practices. They should cooperate with the householder by: keeping their rooms neat and homelike, being careful of furniture and premises, being considerate in the use of all utilities, observing accepted codes of conduct and courtesy, and reporting any illness in the house to the school physician.

The organized housing of groups in the dormitories and fraternity houses presents its own problems in the maintenance of hygienic living, for which the college must accept responsibility. However, the detailed procedures involved are not discussed in this report because there is an organized personnel which has this responsibility.

## **II. The Maintenance of Adequate Nutrition**

Students need to be supplied with sufficient knowledge and instruction as to what constitutes an adequate breakfast, lunch and dinner so that they may choose suitable meals at minimum cost in cafeterias and restaurants, plan and prepare proper meals in light housekeeping rooms and prepare adequate packed lunches.

The college should aid the student with respect to well-balanced meals by: providing a cafeteria on the campus where adequate meals may be secured by students at a minimum cost. This cafeteria should be managed by a graduate Home Economist with a major in Institutional Management and Nutrition. The cafeteria should be a part of the educational program and its manager should be considered a member of the college faculty. If the provision of a cafeteria on the college campus is not feasible, at least a suitable lunchroom should be available for the use of students who carry their lunches. Students should be given a sufficiently long lunch period (at least 20 minutes for eating and a total lunch period of 50 minutes).

The college or university should provide consultation service by trained personnel for boarding houses and restaurants and for students doing light housekeeping. The consultant would assist the boarding-house keeper and restaurant manager in the planning and preparation of balanced meals for students. He would assist students in the economical purchase of foods, in the planning and preparation of balanced meals and in providing knowledge about proper facilities for the preparation and storage of foods.

If a cafeteria or lunchroom is needed in the training school of a college, it should be an ideal example to students of location and arrangement, management, and provision of suitable food from which a balanced meal could be procured at a minimum cost. The lunchroom should be an integral part of the educational program.

### III. Physical Education

#### *Objectives*

Physical education should be closely coordinated with other parts of the school health program. Suitably guided recreation should play an important role in the development and maintenance of stabilized emotional health. Teachers of physical education should center their attention on the effect of physical activities on the entire personalities of students rather than solely the effect on circulation, respiration, muscle and other bodily systems.

The objectives of physical education, as an integral part of the school health program should be: (1) to provide supervised activity during the school day as a means of relaxation from the formal types of education, as a preventive of mental fatigue, as a means of self-expression and as an aid to the development of physical fitness per se; (2) to teach the skills of many types of activities and provide sufficient opportunity for their use, so that a reasonable degree of carry-over proficiency may be attained; (3) to utilize school and afterschool activities as opportunities for students to develop leadership and group adaptability.

#### *Scope*

In order to be properly integrated with the general scheme of health education, a physical education program should include the regular class program, a program of voluntary intramural athletics, a varsity athletic program and sports and play days. The completion of this program requires trained personnel and adequate facilities. The following requirements appear to be essential in order to make the physical education program a well integrated part of the general school health program.



1. There should be a complete health guidance program in connection with physical education along the lines indicated in the preceding section.

2. There should be close cooperation between the school medical advisers and physical education teachers in developing plans for modifying the physical education program for those students who are temporarily or permanently below par. Some provision should be made for an adapted program for those students who are relieved from the regularly prescribed work in physical education, in whole or in part. According to the needs of the student, a modified physical education program or a medically prescribed regimen should be arranged.

3. The physical education instructor should be versed not only in physical education, but he should also have a knowledge of and concern for the personal hygiene and nutrition of students under his care. He should understand essential first aid procedures and he should have a knowledge of the physical condition and emotional make-up of his students.

4. Adequate space should be provided. Crowding makes impossible a constructive program of physical education. Proper supplies and equipment should be available so that all members of the class may participate at one time. Adequate provisions for the practical application of the principles of personal hygiene should be made available to carry out the full intent of the program.

5. A written course of study is essential. It should give specific and progressively more difficult student goals adapted to individual capacities. In addition, students should understand the "why" of the various goals so that they in turn will be better teachers.

6. Individual schedules should be adapted to individual differences and interests, as revealed by all the various types of tests and examinations recorded within the school. Physical education should be given proper consideration in scheduling the student's program. Special attention should be given to handicapped students, so that they will be in classes suited to their abilities.

A physical education program in which the above recommendations are incorporated will have real meaning and significance for the individual student and should provide a carry-over interest. It will offer opportunity to the individual to meet educative situations as one of the social group and to satisfy those socially desirable urges and impulses of nature through engagement in motor activities appropriate to age, sex, condition, and stage of development. Finally, it will provide good physiological results, indicative of wholesome functional activity of organic systems, sufficient for the needs of the growing organisms.

#### **IV. The Relationship of Assignments and Examinations to the Health of the Student**

In addition to adjusting the academic load for individual students, there should be provisions whereby assignments or examinations are made with consideration for the health status of the student. Several factors are involved in establishing hygienic practices in this respect. Satisfactory procedures may be insured by:

1. Establishing a process of education for all instructors and students with the view toward acquainting them with acceptable health practices and developing a willingness on their part to abide by them. This should emphasize that health is really more important than an examination and that the college administration expects and demands rigid observance of health practices rather than the fulfillment of one assignment.

2. Eliminating fear on the part of the student that the instructor will punish or give low grades because of absences for illness. This should be accomplished by the instructor and student working out the details of make-up work on an individual basis and recommendations made by the school physician as an aid in guiding the instructor to make suitable adjustments.

3. Permitting re-admission to classes following an illness only after an examination by the college physician or nurse, and an assurance that the student is ready to resume normal responsibility with reference to class work.

4. Making temporary allowances for transient defects or problems of adjustment.

5. Providing that the assignment and examination program of each instructor should be so arranged as to be compatible with health and educational values. This may be accomplished by seeing that courses of equal credit are entitled to equal preparational time, by recognition of the fact that it is a faculty and professional responsibility to help keep assignments of a course within the reasonable capacity of the average student in the time available to him for that course, by making examinations in a particular course many in number and scattered throughout a semester, rather than allowing a grade to rest on the results of one examination (the emotional reaction toward final examinations is often detrimental to present and future health) and by scattering of time for final examinations as effectively as possible for all courses.

## **V. The Effect of Extra School Work on the Health of the Student**

Responsibility for provisions to avoid injury to health in a college student who works rests upon the local college administrative board, college physicians, and upon counseling by the deans and personnel divisions of the school. The health situations, academic problems, and needs of each student should be studied on an individual basis. The decisions and recommendations rendered to that student should be final, and need not serve as a precedent for future action on similar cases. There are limitations in the amount of increase of academic program beyond which no student should be allowed to go.

## **VI. The Provision of Adequate Social and Recreational Activities for Students**

Suitable social and recreational activities are essential for both students and faculty. Many colleges have adequate facilities for recreation, but have provided no definite time for their use. Recreation is considered necessary, but there is a serious gap between theory and practice.

Sufficient time for recreation is important. Recreation aids the individual in making a satisfactory adjustment to college life. Under supervision it acts as a substitute for less desirable forms of activities. Students should be encouraged to enter school activities, clubs and dramatics. Some of the solutions in providing adequate social and recreational activities follow: (1) enough time must be provided—late afternoon hours offer particularly good time for certain activities; (2) lounge and recreational rooms are helpful; (3) social and recreational dancing have a contribution to make; (4) excellent recreational activities may be provided through nature study clubs in which the individual may pursue special interests such as the study of birds, insects and handicrafts; (5) departments in applied arts may offer "service courses" to cultivate self-expression through the arts; (6) sports clubs are effective forms of intramural recreational activities (while centered around a particular form of activity, they, like all other club programs, offer opportunities for social education and practice in the democratic procedures used in clubs).

Special provisions should be made to accommodate non-resident students during their free periods, particularly during the lunch hours, so they will not find it necessary to frequent undesirable off-campus "hang-outs." In instances where the college is unable to offer a suitable location every effort should be exerted to induce a private individual to sponsor a tearoom or lunchroom, managed according to the college's social standards.

Every college should have an Activities Committee composed of both faculty and student representatives, through which all extra-curricular engagements must be cleared. Thus the social and recreational life of the student can be, to a certain extent, guided in such a way that there is neither a lack of activities at certain periods nor an over-abundance of activities at other periods. In other words, the scheduling of extra-curricular activities should be arranged with students' scholastic program in mind.

The place of the guidance counselor in assuming responsibility for helping those students who do not have a well-balanced program of activities is of vital importance when it comes to giving necessary push and incentive to non-participants. The development and maintenance of adequate social and recreational activities is a problem to be solved by each individual school. This demands close cooperation between the school authorities, the students themselves and the townspeople.



## Instruction in Health and in Health Education

*Formal Instruction of Prospective Teachers—Health Instruction Through Student Teaching—Preparing Teachers to Detect Symptoms or Abnormalities in Children.*

Health instruction is an organization of learning experiences directed toward the development of favorable health knowledge, attitudes, and practices. While it is the formal or organized health instruction of the prospective teacher with which we are concerned here, it is well to recognize that learning experiences which touch upon health knowledge, attitudes and practices begin long before a child enters school, and continue throughout life, in or out of school. Whatever body of information, desirable attitudes and sound health practices a teacher or a prospective teacher may have—together with what misinformation and wrong attitudes and bad health habits he possesses—have all come from his learning experiences at home, on the streets, in school, on the playground, at the movies, on the radio, and in what he has read, heard and seen.

It is the function of health instruction to extend these learning experiences of the prospective teacher, to help him to supplement and scrutinize them, and to give further orientation to enable him to exemplify good health habits, think scientifically about health problems and adapt health instruction to the total situation in which he as a teacher may find himself.

### I. Formal Instruction of Prospective Teachers

While it may be wise to teach children health habits without full explanations of their bases, to begin the health instruction of adolescents or adults with *hygiene*, in its literal sense, is like building a house upon sand. Sound hygiene rests upon an understanding of the structure and function of the human body, with some knowledge of its limitations and some idea of what may go wrong with it. Hygiene is, in a sense, the distillation of our wisdom and experience with our bodies. It grows out of what we know of anatomy, physiology, chemistry, nutrition, pathology, bacteriology, and other subjects. The student who takes the course in health instruction should have some reasonable knowledge of the fundamental sciences that underlie hygiene. His course in hygiene should supplement his basic knowledge and may have to provide something of what he lacks.

The whole school program contributes to health education. A considerable amount of the foundation on which the health instruction of the teacher-in-training will be established must be built through the courses he takes in chemistry, physics, biology, physiology, psychology, sociology, nutrition, home economics, physical education, bacteriology, and genetics. The teacher-to-be should participate in healthful living; he is significantly influenced by the lighting and ventilation and cleanliness of his quarters and of his classrooms, by his contacts with the health service and by the food served in his boarding house or dormitory or the school cafeteria. As an accompaniment of direct instruction each teacher-training institution should make some effort to inventory and coordinate these various contributions to health instruction through the faculty health council described at the beginning of this report.

The important contributions of the basic sciences must be supplemented by formal instruction in health. Ideally, health education should be based, for any one student, on an analysis of his background, and should so supplement and extend it as to give him an adequate preparation for an understanding of personal, physical, mental and community hygiene, the detection of departures from normal health, and some familiarity with health materials and the methods of health instruction. Obviously, this cannot be done in a single course.

A basic course in personal and community hygiene of not less than three semester hours should be required of all prospective teachers in their first or second year. While this course may be largely personal hygiene and may give considerable time to checking upon and extending fundamentals in the health field, it can and should have something of a professional point of view in consideration of the student as a prospective teacher. It cannot, however, fulfill its primary purpose in relation to the fundamental and factual basis for hygiene and, at the same time, do an adequate job with child growth and development, mental hygiene, dental hygiene, safety education, the detection of symptoms and abnormalities, and the materials and methods of health education, all in the space of fifty or fewer class hours. The good basic course should be freed of many of these responsibilities and should become the prerequisite of other courses, compulsory or voluntary, which would follow and would deal adequately with these topics.

Separate instruction in child growth and development is recommended unless it can be shown that all prospective teachers are receiving sufficient familiarity with this material in other courses.

In the light of published studies of teacher health, which show that emotional and nervous disorders come close to being occupational diseases among teachers, and in view of the accepted idea that every elementary teacher should have a familiarity with what is known as "the mental hygiene point of view," it is recommended that separate instruction in mental hygiene be required for all who plan to teach. Such a course might well be given in the third or fourth college year, and should presuppose completion of basic courses in hygiene and psychology.

Students should also receive instruction in detecting departures from desirable standards of heating, ventilating, seating, lighting, fire hazards and fire drills, being given adequate background of instruction as to the reasons for practice in these procedures.

Motivation is an important aspect of health instruction, and health information, however accurate, remains academic and sterile unless at some point it alters behavior. Given adequate preparation in the subject matter of health instruction, some familiarity with materials in the field, and the opportunity to see and participate in good health teaching in the laboratory school, the prospective teacher may not need a separate course in health education. But she does need a clear understanding of the nature of health education, and the ways in which it differs from the teaching of the more traditional school subjects. Health education in the grade levels where she is to teach should receive as extensive consideration as do the other elements of the curriculum in those grades.

## II. Health Instruction Through Student Teaching

Those who teach hygiene and health education courses should supervise or be in close touch with the health education program of the training schools in order that there will be more effective coordination between the college classroom and practice. Such instructors ought to be well qualified teachers of children and should be ready and willing to conduct demonstrations of such teaching in the practice school.

The training school should have a highly developed health program in order that the student may see and participate in good health teaching and sound health practices *in operation*. In addition, he should have an opportunity to work in a regular public school program under field conditions and under the supervision of one of the college staff in order that he may get real experience in schools as they are. These two types of school situations should give him a sound understanding of what the best practices are and how he may adapt such practices to the improvement of the school or classroom where he will later find himself the regular teacher.

By implication and by all modern interpretations of the term, any broad health program includes mental health, which cannot be dissociated from physical well-being. At one state teachers' college in Illinois a project is developing which involves the child guidance clinic on the campus, the Illinois Institute for Juvenile Research, the Education Department and the Training Department and thus shows some promise along the lines of an improved mental hygiene point of view for prospective teachers. This project illustrates a type of student contact with practical professional work in the field of health which may be developed in other areas as well as in mental hygiene. By means of a series of seminars conducted simultaneously on three age or grade levels—early elementary, later elementary, and high school—with a member of the staff of the Institute in charge, case studies from the child guidance clinic were studied in such a way as to allow students to learn how problem cases are analyzed and to observe some of the results from such analyses as well as consequent remedial prescriptions. Students were encouraged to ask questions about other cases in which they had an interest.

On the basis of further experience, it seemed wise to require all freshman students who expect to teach to attend orientation seminars where they are acquainted with the mental hygiene and child guidance movements in general and are given a brief history of the work of the Institute for Juvenile Research. Sophomore students see cases presented, with diagnostic procedures, plus suggested treatment and results, with an opportunity for discussion. In a third phase, the students of the senior college continue to work with the child guidance clinic as they prepare case studies of students encountered in their own classrooms in student teaching.

## III. Preparing Teachers to Detect Symptoms or Abnormalities in Children

Training which enables the teacher to detect successfully the symptoms or abnormalities for which children should be referred to nurses, dentists or physicians is tremendously important from the standpoint of general education. Such training properly places the emphasis upon the individual child.



It is predicated upon a belief in the essential worth and value of each personality. If the child is to succeed to the fullest extent in school—either in academic attainment or in the acquisition of those physical skills that are desirable for the particular child—he must be a healthy child. To that end his physical limitations should be recognized early and where possible measures taken to correct them. Where correction is not possible, measures should be taken to lessen to the fullest degree possible the extent of the handicap and to modify the instructional program for the individual so that the educational process will be as meaningful as possible. Ability to recognize symptoms of illness and abnormalities of the individual child is fundamental to any program of general education which attempts to recognize and provide for individual differences.

The basic instruction having as its end the ability to recognize symptoms and abnormalities should be incorporated in the courses of instruction in health education and in the observation and practice teaching required as a part of teacher preparation as set forth in Sections I and II. Such instruction should be given at the place best suited for a complete presentation of the program. This may be the teacher-training institution itself, provided suitable facilities are available or can be set up. It may be nearby clinics or institutions which are adequately equipped; or it may be a combination of teacher-training institutions and nearby clinics.

The organization and development of this work should be such that proper emphasis is placed upon acquisition of skill in recognizing signs and symptoms of the common communicable diseases as well as the recognition of abnormalities. Provision should be made for training in certain areas:

1. A general presentation of the subject with special attention to the relation of mind and body and of the hampering effect of physical disabilities upon the individual child and upon all concerned.
2. General features to be observed in physical examinations, general appearance, behavior, gait, carriage, evidence of nutritional deficiencies, signs of fatigue, the influence of heredity, the mechanism of growth and the factors which influence it, types of build, methods of weighing and measuring, and the meaning and limitations of height and weight tables and averages.
3. The control of communicable diseases, including their methods of transmission and early characteristics.
4. Behavior characteristics, including social and emotional phenomena which indicate physical and mental maladjustment.
5. Description of the development and eruption of teeth, causes of decay and methods for examination of the teeth. Knowledge of the normal and recognition of departure therefrom with respect to occlusions, caries and recession of the gums. (A special committee of the Illinois State Dental Society, under the chairmanship of Dr. L. H. Johnson, has prepared an excellent *Outline on Dental Health Education*. Copies are available to teacher training institutions upon request to the Illinois Department of Public Health.)
6. Speech which deviates from the normal so that it interferes with satisfactory social, educational and economic relationships.

7. Anatomy and physiology of the eye, especially the visible parts; theory of accommodation and causes of myopia, hyperopia and astigmatism; effects of eye strain; explanation of Snellen letters and of the effects of lenses on vision; diseases of lids, conjunctiva, cornea and lachrymal apparatus.

8. Anatomy and relationship of the nose, throat and ear; what to see and methods of examination. Diseases of the nose, throat and ear; causes of deafness; and methods of testing hearing.

9. Anatomy and physiology of lymphatic glands and thyroid gland.

10. Common deformities of chest, back and extremities, with their causes.

Instruction should be given at a time in the student's training when he is familiar with the normal child and its development. Probably the last year of the student's course is the best time to instruct him in abnormalities and symptoms.

This training should be much more than the conventional classroom instruction of the lecture-textbook type. Adequate provision should be made for classroom demonstrations, some of which may consist of members of the class being examined by the supervisor and perhaps by other members of the class. It should be reinforced by the use of visual aids, such as appropriate motion pictures and slides which will illustrate more clearly the nature of the symptoms and the abnormalities which are being pointed out.

Utilization should also be made of experts who may be available to give lectures upon their specialties. Such experts would include orthopedists, pediatricians, psychiatrists, eye, ear, nose, and throat specialists, dentists, speech pathologists and orthopedic nurses.

Provision should also be made during the course of instruction for attendance at demonstration clinics such as the orthopedic clinics which are conducted throughout the State by the Division of Services for Crippled Children. Here an opportunity will be afforded prospective teachers to observe skilled physicians and nurses in the process of conducting actual examinations of children with various types of orthopedic defects. It should also be possible to arrange for attendance at speech, hearing and dental clinics where opportunity would be provided to determine the process of making examinations of this type.

Other possibilities include arrangements for visits to general and mental hospitals and student health centers, offices of private physicians, dentists, public health clinics, offices of the Tuberculosis Association, and home visits with public health nurses and orthopedic nurses of the Division of Services for Crippled Children. Experiences should include observation of a complete physical examination of the child, observation of the methods used to diagnose auditory, visual, cardiac, speech, dental, and orthopedic defects as well as tuberculosis, epilepsy, malnutrition and other such conditions. Trainees should be acquainted with State provisions for special classes for physically handicapped, those with defective vision, and the hard of hearing, and if possible, visit such classes in operation.

Medical instruction for this type of training can be provided through lectures given by the medical officer of the teacher training institution and by lectures and demonstrations given by specialists who may be invited to the campus for the purpose. In this latter case arrangements may be made for special demonstration clinics to be held by such specialists.

Supervision of student teaching naturally should be given by members of the instructional staff of the teacher training institution. Such personnel is well trained in this aspect of the school program. In addition, arrangements should be made for the medical officer or nurses of the health center of the teacher training institution to supervise the work of the cadet teachers in this area.

Obviously the most feasible plan of providing supervised practice in detecting these symptoms and conditions is in the laboratory school where, following the preliminary instruction, the teacher will have an opportunity to work with children in a classroom situation. Arrangements might also be made for the student to work in the student health center under the supervision of the health nurse and school physician.

Consideration of these aspects of health education should receive definite recognition as an important aspect of student teaching. The cadet teacher should be required to assume as much responsibility for the health aspects of her classroom work as she does for the instructional plans which she makes. She should formulate definite plans for checking the physical condition of the children in the class or classes she conducts. These plans should be reviewed, discussed, and approved by the supervising teacher. They should then be put into effect and the supervising teacher should carefully evaluate this phase of the student teaching just as she does any other part of the cadet's work. Her evaluation should include constructive criticism and the student teacher should have the opportunity, also, to watch the master teacher demonstrate the necessary technique. This phase of the student teaching should include regular conferences at which time the cadet teacher has an opportunity to ask questions and have them answered and the master teacher has an opportunity to make suggestions to the cadet.

Additional opportunity for practice under supervision can be provided through making it possible for the cadet teacher to work for a period of time with the public health nurse on her school visits; to work with the school physician, local physician or dentist during his examination; to work with field workers of the Division of Services for Crippled Children at their clinics or on home visits; and for a time to assume responsibility for individual study of one or two children and evaluation of these studies with qualified medical personnel.



## In-Service Training in Health and Health Education for Teachers

*Supervision and Consultation—Summer Health Education Workshops—Extension Courses—Short Institutes—Reading Circles—Visitations—The School Health Committee.*

### I. Policies

Many teachers have not had the privilege of recent health education preparation. Everyone is aware of the tremendous load the teacher carries. It is with the hope of providing guidance that in-service training is suggested as one method of better equipping the teachers for the important task ahead.

Teachers undoubtedly will welcome effective, practical help from those who have something to give. In-service training provides such an opportunity. Community conditions and needs, parent-school relationships, health status, immediate and contributing environmental factors, the previous training of teachers and other factors must all be considered.

### II. Desirable Procedures

#### *In-service Health Education Through Supervision and Consultation*

This means that direct help will be given to the teachers "on-the-job" by those who are particularly well qualified. This assistance will be highly individualized.

1. Direct aid from a well-qualified supervisor of health education is an ideal method of in-service training where it is available.
2. Health consultants, such as doctors, dentists, public health nurses, nutritionists, and home advisers, may be of great assistance in the training of teachers in almost all phases of the school health program.
3. Conferences of teachers with nurses, engineers or other qualified persons concerning environmental problems are worthwhile.
4. Meetings where teachers (both large and small groups) and health consultants discuss suitable health activities and health materials are profitable. Health councils with teacher, student, parent, and health consultant membership have been formed to good advantage in some schools.
5. Conferences between the nurse and teacher provide an excellent opportunity for the teacher to learn more about individual children and about the health problems of her school. Whenever possible, time for this conference should be provided in the teacher's schedule.
6. Doctor, dentist, and nurse examination of students with teacher and parents present provide an excellent opportunity for establishing desirable health attitudes and developing additional health knowledge. A teacher also learns about her pupils through being present when such health examinations are performed.

### ***Summer Health Education Workshops***

A workshop is not a lecture class. It is a plan devised to help each participant arrive at solutions of particular problems or at better understandings of felt or discovered needs. In a workshop, where teachers are free from the pressure of three or four courses, all of which require extensive reading and term papers, they have time to plan related, adaptable, timely outlines which serve as a basis for the direction the curriculum will take for their own students. The particular problem or problems to be attacked in the workshop should be determined through cooperative planning between the participants, consultants and other resource people.

The following suggested procedures for developing workshops may be helpful:

1. It is desirable that the initiation of the program should come from a local group of teachers under the leadership of (a) the local school administrator (the county or city superintendent of schools or the village principal) or (b) the county or city health officer.
2. The permission of the local board of education, in whose area the workshop is to be organized, should be obtained for the use of buildings and grounds.
3. A nearby teachers college, liberal arts college, or university may be requested to furnish instruction and assistance, as may suitable representatives of the State or local health departments and other qualified persons.
4. Wherever possible, the workshop should operate in such a way that the teacher will receive some form of academic credit for the work. Teachers who do not desire credit, and who are willing to work without the credit incentive, should not be excluded from participation.
5. The daily program should be flexible to permit efficient use of time so that needed visitations, excursions, and inspections can be made.
6. Whenever possible, the workshop should be run continuously, that is, from one day to the next, rather than be called once each week for a series of meetings. Continuous and fulltime work on a workshop problem promotes efficiency and continuity of work. This would suggest that the best workshops can probably be organized during vacation periods. The length of time the workshop is to run will depend upon the amount of credit to be given.

### ***Extension Courses***

Whenever possible, extension courses should be organized around group needs. The following areas need consideration: nutrition, physical education, personal and community hygiene, growth and development, and techniques for recognizing departures from normal health.

### ***Short Institutes (Held Locally) on School Health or Health Education***

Such institutes would help teachers to see the great possibilities in health education. Plans for various kinds of activities, suggested procedures, discus-

sion of scientifically sound books, and scientific data presented in a dynamic, challenging fashion, might well be offered.

At a meeting of this type, held on a regular institute day as now provided in each county, qualified speakers might discuss such topics as:

1. The teacher's health and grooming in relation to successful teaching.
2. Nutrition and learning.
3. Recognition of departures from normal health.
4. The danger of false emphasis on perfect attendance.
5. The local, county and State health departments and their relation to the school.

A series of appropriate motion pictures on health subjects might also be shown.

### ***In-service Training Through Teacher's Reading Circles or Through Making Health Education Materials Available to Teachers***

The local county and State departments of public health provide excellent education aids of many kinds. The school health committee, or some teacher in the school, should feel responsible for securing as much help as possible from these departments.

Perhaps a committee composed of representatives from several schools in a county could be set up to evaluate material available from many sources.

### ***Visitations to Other Communities, Health Centers and Clinics***

Alert teachers welcome the opportunity of visiting other areas where effective work is being carried on. Such visitation should provide not only an opportunity for discussion between the visitors and those concerned with the plan that is being studied, but it should also include a report to fellow teachers at home about what was observed.

### ***School Health Committee***

At the beginning of this report suggestions were made for the organization of a committee in the school system to develop specific plans and curricula in health education. Participation in the work of such a program planning committee is a highly educational process for those teachers who participate.

## **Illinois Joint Committee on School Health**

Developed with the approval of

GOVERNOR DWIGHT H. GREEN

and organized October 29, 1943, under the leadership of

ROLAND R. CROSS, M.D., *Chairman*, Director of the Department of Public Health

VERNON L. NICKELL, Superintendent of Public Instruction

FRANK G. THOMPSON, Director of the Department of Registration and Education

*with the consultant services of*

CLAIR E. TURNER, A.M., Ed.M., D.Sc., Dr.P.H., Professor of Public Health,  
Massachusetts Institute of Technology, Cambridge.



## Agencies and Representatives on the Joint and Liaison Committees

<i>Agencies</i>	<i>Representatives</i>
State Department of Public Health . . . . .	*Dr. Allan J. McLaughlin, Medical Administrative Consultant. *Mrs. Leona East, Chief, Division of Public Health Instruction, Springfield. *Dr. Howard W. Lundy, Division of Public Health Instruction, Springfield. Mr. B. K. Richardson, Senior Administrative Officer, Springfield.
State Office of Public Instruction . . . . .	*Mr. Ray O. Duncan, Director of Health and Physical Education, Springfield.
State Department of Registration and Education . . . . .	*Mr. Elmer P. Hitter, Coordinator, Teachers College Division, Springfield.
Illinois State Normal University . . . . .	Dr. R. W. Fairchild, President, Normal. *Dr. Rose Parker, Director of Special Education, Normal.
Southern Illinois Normal University . . . . .	Dr. Bruce W. Merwin, Acting President, Carbondale. ‡Dr. Roscoe Pulliam, President, Carbondale. *Dr. Marie Hinrichs, Professor of Physiology and Health Education, Carbondale.
Northern Illinois State Teachers College . . . . .	Dr. Karl L. Adams, President, DeKalb. *Mr. O. M. Chute, Director of Training, DeKalb. *Dr. Charles E. Howell, Professor of Social Science, DeKalb.
Eastern Illinois State Teachers College . . . . .	Dr. Robert G. Buzzard, President, Charleston. *Dr. Harold M. Cavins, Associate Professor of Hygiene, Charleston.
Western Illinois State Teachers College . . . . .	Dr. F. A. Beu, President, Macomb. *Dr. Fred H. Currans, Dean of the Faculty, Macomb.
University of Illinois . . . . .	Dr. A. C. Willard, President, Urbana. *Dr. George T. Stafford, Professor of Physical Education, Urbana.
Agricultural Extension Service, University of Illinois . . . . .	Miss Fannie Brooks, R.N., Health Education Specialist, Urbana.
Illinois Commission for Handicapped Children . . . . .	*Mr. Lawrence J. Linck, Executive Director, 211 West Wacker Drive, Chicago.
Institute for Juvenile Research, State Department of Public Welfare . . . . .	Dr. Richard L. Jenkins, Acting Superintendent, 907 South Wolcott Avenue, Chicago. Dr. Paul L. Schroeder, Former Superintendent, 907 South Wolcott Avenue, Chicago.
County Superintendent of Schools . . . . .	Mr. Ruel Hall, Kankakee.

\* Member of Liaison Committee.

‡ Deceased, March 27, 1944.

## HEALTH EDUCATION IN TEACHER-TRAINING INSTITUTIONS

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Illinois Association of School Boards. . . . .	Mr. Robert M. Cole, Executive Director, First National Bank Building, Springfield.
Illinois City Superintendents' Association. . . . .	Mr. H. B. Black, President; Superintendent of Schools, Mattoon.
Illinois Congress of Parents and Teachers. . . . .	Mrs. Everett F. Butler, State Health Chairman, Box 192, Alton.
Illinois Dietetic Association. . . . .	Miss Marie Dohm, Chairman, Community Education Section; Nutritionist, Cook County Public Health Unit, 737 South Wolcott Avenue, Chicago.
Illinois Education Association. . . . .	Mr. Irving F. Pearson, Executive Secretary, 100 East Edwards Street, Springfield. §Mr. Lester R. Grimm, Research Director, 100 East Edwards Street, Springfield.
Illinois High School Principals' Association. . . . .	Mr. Lyman K. Davis, Principal, Springfield High School.
Illinois Home Economics Association. . . . .	Dr. Adelaide Spohn, Nutritionist, Elizabeth McCormick Memorial Fund, 848 North Dearborn Street, Chicago.
Illinois Physical Education Association. . . . .	*Dr. C. O. Jackson, Professor of Physical Education, University of Illinois, Urbana.
Illinois Public Health Association. . . . .	Dr. E. A. Piszczek, Secretary; Director, Cook County Public Health Unit, 737 South Wolcott Avenue, Chicago.
Illinois State Dental Society. . . . .	Dr. Lloyd C. Blackman, 702 Professional Building, Elgin. Dr. L. H. Johnson, 304 West Armstrong Street, Peoria.
Illinois State Medical Society. . . . .	Dr. James H. Hutton, State Board of Public Health Advisors, 30 North Michigan Blvd., Chicago.
Illinois State Nurses Association. . . . .	Miss Sarah Daily, R.N., President, 8 South Michigan Avenue, Chicago.
Illinois Statewide Public Health Committee. . . . .	Mrs. Guy A. Tawney, Co-Chairman, 502 West Main Street, Urbana.
Illinois Tuberculosis Association. . . . .	Mr. W. P. Shahan, Executive Secretary, First National Bank Building, Springfield.
Chicago Board of Education. . . . .	Dr. William H. Johnson, Superintendent of Schools, Chicago. *Mr. A. H. Pritzlaff, Director of Physical Education, Chicago.
Chicago Board of Health. . . . .	Dr. Herman N. Bundesen, President, 54 West Hubbard Street, Chicago.

### U. S. PUBLIC HEALTH SERVICE ADVISOR:

DR. MAYHEW DERRYBERRY, *Chief*,  
Field Activities in Health Education,  
Washington, D. C.

\* Member of Liaison Committee.  
§ Chairman of Liaison Committee.

## Membership of Subcommittees

### *Ex-officio Members of All Subcommittees*

- MR. O. R. BARKDOLL, Assistant Director of Health and Physical Education, Office of the Illinois Superintendent of Public Instruction, Centennial Building, Springfield.
- \*MR. RAY O. DUNCAN, Director of Health and Physical Education, Office of the Illinois Superintendent of Public Instruction, Centennial Building, Springfield.
- \*MRS. LEONA EAST, Chief, Division of Public Health Instruction, Illinois Department of Public Health, Capitol, Springfield.
- \*MR. ELMER P. HITTER, Coordinator, Division of Teachers' Colleges, Illinois Department of Registration and Education, Springfield.
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- MR. B. K. RICHARDSON, Senior Administrative Officer, Illinois Department of Public Health, Capitol, Springfield.
- MISS ELSA SCHNEIDER, Assistant Director of Health and Physical Education, Office of the Illinois Superintendent of Public Instruction, Centennial Building, Springfield.

### SUBCOMMITTEES ON THE SCHOOL HEALTH PROGRAM IN PRIMARY AND SECONDARY SCHOOLS

#### *Underlying Principles Relating to Administration, Educational Procedures, and Cooperative Relationships.*

##### CHAIRMAN:

MR. R. V. JORDAN, City Superintendent of Elementary Schools, Centralia.

##### MEMBERS:

- \*MR. RAY O. DUNCAN, Director of Health and Physical Education, Office of the Illinois Superintendent of Public Instruction, Centennial Building, Springfield.
- \*MRS. LEONA EAST, Chief, Division of Public Health Instruction, Illinois Department of Public Health, Capitol, Springfield.
- DR. E. H. MELLON, City Superintendent of Elementary and High Schools, 601 West John Street, Champaign.
- DR. SUMNER M. MILLER, Commissioner of Health of the City of Peoria, and Peoria County Defense Zone Health Officer, City Hall, Peoria.

#### *Specific Objectives.*

##### CHAIRMAN:

DR. PARKER DOOLEY, Assistant Professor of Pediatrics, University of Chicago, 950 East 59th Street, Chicago.

##### MEMBERS:

- DR. R. V. BROKAW, Chief, Division of Cancer Control, Illinois Department of Public Health, 505 South Fifth Street, Champaign.
- MISS MAUDE B. CARSON, R.N., Chief, Division of Public Health Nursing, Illinois Department of Public Health, 216½ East Monroe Street, Springfield.
- MR. CARL GROSS, Principal Sanitary Engineer in Charge of Sewage and Stream Pollution, Division of Sanitary Engineering, Illinois Department of Public Health, Capitol, Springfield.

\* Member of Liaison Committee.



DR. LESLIE W. IRWIN, Professor of Physical Education, University High School, University of Chicago, Chicago.

DR. L. H. JOHNSON, Illinois State Dental Society, 304 West Armstrong Street, Peoria.

MISS LEONE PAZOUREK, Nutrition Consultant, Division of Maternal and Child Hygiene, Illinois Department of Public Health, 212 West Monroe Street, Springfield.

\*PROFESSOR GEORGE T. STAFFORD, Department of Physical Education, University of Illinois, Urbana.

MISS LOUISE SULLIVAN, Health Education Director, Joliet Grade Schools, 909 Oneida Street, Joliet.

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MR. H. A. SPAFFORD, Principal Sanitary Engineer in Charge of Water, Division of Sanitary Engineering, Illinois Department of Public Health, Capitol, Springfield.

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\*DR. FRED H. CURRENS, Dean of the Faculty, Western Illinois State Teachers College, Macomb.

MR. HARRY E. HAUGHEY, Superintendent of Buildings, Springfield Public Schools, Springfield Board of Education, 206 East Adams Street, Springfield.

MR. OTIS KEELER, Assistant to Superintendent of Public Instruction, Office of Illinois Superintendent of Public Instruction, Centennial Building, Springfield.

MR. LEWIS V. MORGAN, DuPage County Superintendent of Schools, Wheaton.

DR. B. L. SMITH, Assistant City Superintendent of Schools, Alton.

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MISS ALICE E. DALBEY, R.N., Springfield School Nurse, 1205 South Second Street, Springfield.

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DR. RICHARD L. JENKINS, Institute for Juvenile Research, 907 South Wolcott Avenue, Chicago.

MR. FOSTER KEAGLE, Assistant Director of Health and Physical Education, Office of the Illinois Superintendent of Public Instruction, Centennial Building, Springfield.

MR. LAWRENCE J. LINCK, Executive Director, Illinois Commission for Handicapped Children, 211 West Wacker Drive, Chicago; and Director, Division of Services for Crippled Children, University of Illinois, 1105 South Sixth Street, Springfield.

DR. D. E. LINDSTROM, Professor of Rural Sociology, Department of Agricultural Economics, University of Illinois, College of Agriculture, Urbana.

MR. GEORGE S. OLSEN, Superintendent and Principal of the Lyons Township High School, La Grange.

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MR. EDWARD H. STULLKEN, Principal, Montefiore Special School, 655 West Fourteenth Street, Chicago.

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\* Member of Liaison Committee.

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MR. ROBERT COLE, Executive Director, Illinois Association of School Boards, First National Bank Building, Springfield.

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DR. PAUL L. SCHROEDER, Institute for Juvenile Research, 907 South Wolcott Avenue, Chicago.

MISS FLORENCE WOLFE, Science Teacher, Joliet Township High School and Junior College, Joliet.

## SUBCOMMITTEES ON THE HEALTH PROGRAM IN TEACHER TRAINING INSTITUTIONS

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#### MEMBERS:

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MISS RACHEL JACKSON, R.N., Northern Illinois State Teachers College, DeKalb.

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DR. CLIFFORD PEARCE, Western Illinois State Teachers College, Macomb.

DR. PAUL L. SCHROEDER, Institute for Juvenile Research, 907 South Wolcott Avenue, Chicago.

DR. OLGA SIROLA, College Physician, Western Illinois State Teachers College, Macomb.

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MISS LUCY K. WOODY, Dean of Women, Southern Illinois Normal University, Carbondale.

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MR. E. G. LENTZ, Dean of Men, Southern Illinois Normal University, Carbondale.

MR. J. C. McCaffrey, Division of Laboratories, Illinois Department of Public Health, 1800 W. Fillmore Street, Chicago.

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\* Member of Liaison Committee.



*Health Instruction.*

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MISS ALICE M. HEATH, Director of Health Education, Peoria County Tuberculosis Association, 229 South Jefferson Avenue, Peoria.

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DR. L. H. JOHNSON, Illinois State Dental Society, 304 West Armstrong Street, Peoria.

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CHAIRMAN:

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DR. KARL BLEYL, Assistant Professor of Biological Science, Illinois State Normal University, Normal.

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MRS. BESS D. HALE, Peoria Central High School, Peoria.

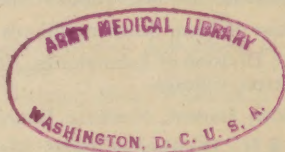
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